

## Medications

Current Medications	Medication Test Med	Dosage 10mg	Diagnosis pain	Prescribed By dr.test	Start Date 08/07/2010	Dispensing Instructions give						
Medication Assistance Type	<input type="radio"/> Self-administer <input type="radio"/> Self-Directed <input type="radio"/> Refill reminder <input type="radio"/> Storing medication <input type="radio"/> Remind to take		<input type="radio"/> Checking label for correct resident <input type="radio"/> Checking dosage against label <input type="radio"/> Confirm taking as directed <input type="radio"/> Opening container <input type="radio"/> Specified dosage placed in container/hand		<input type="radio"/> Observing while medication is taken <input type="radio"/> Admin by family/designated person <input type="radio"/> Significant (Total)							
Level of Assistance	<input type="text"/>											
Notes	<input type="text"/>											
Medication Allergies	<input type="text"/>											
Medication History	<table border="1"> <thead> <tr> <th>Medication History</th> <th>Medication Assistance Type</th> <th>Level Of Assistance</th> </tr> </thead> <tbody> <tr> <td></td> <td>Note</td> <td>Medication Allergies</td> </tr> </tbody> </table>						Medication History	Medication Assistance Type	Level Of Assistance		Note	Medication Allergies
Medication History	Medication Assistance Type	Level Of Assistance										
	Note	Medication Allergies										

## Vital Signs

Blood Pressure	<input type="text"/>
Heart Rate	<input type="text"/>
Respiratory Rate	<input type="text"/>
Temperature	<input type="text"/>
Glucose/Blood sugar	<input type="text"/>
O2 Sats	<input type="text"/>
O2/Min	<input type="text"/>
Weight	<input type="text"/>
Height <i>ft' in"</i>	<input type="text"/>

## Integumentary Assessment

Integumentary System

Has signs of integumentary system issues

Not excessively dry, no ulcers, pressure sores, bruises, rashes, scars, or other marks found

Bruises, rashes, scars, other marks

Findings

- Excessively dry
- Needs lotion frequently
- Ulcer in stage 1 or 2
- Reassess skin daily
- Reassess skin weekly
- Reassess skin monthly
- Pressure Sore

Notes

Integumentary History

Integumentary Assessment History	
Marks	Findings
Notes	

## Immune System Assessment

Immune System

Has signs of immune system issues

No recurring fever, no unexplained fatigue, no discolored blotches on or under the skin or inside the mouth, nose, or eyelids.

Findings

- HIV/AIDS
- Primary Immune Deficiency

Notes

Immune System History

Immune System History	
Findings	Notes

## Respiratory Assessment

Respiratory System

- Has signs of respiratory system issues       Has good lung/breath sounds, sputum clear, nail bed and mucous membranes pink

Findings

- Cough  
 Obstruction of airways  
 Shortness of breath  
 Wheezing  
 Sputum discolored  
 Chest tightness

Devices

- Oxygen       Volume ventilator       Nebulizer  
 Bypass bipap       CPAP

Notes

Respiratory History

**Respiratory System History**  
FindingsDevices  
Notes

## Cardiovascular Assessment

Cardiovascular

- Has signs of cardiovascular issues       Normal blood pressure, no chest pain, no systolic, diastolic, or continuous murmurs

History of chest pain?

- No       Yes

Findings

- Circulation problem  
 Congestive heart failure  
 Heart trouble  
 High blood pressure

Notes

Cardiovascular History

**Cardiovascular History**  
History of Chest Pain    YesFindings    Circulation problem, Congestive heart failure  
Notes

## Gastrointestinal Assessment

Gastrointestinal System

- Has signs of gastrointestinal system issues     No stomach pain, abdomen is not bloated, no diarrhea or constipation

Findings

- Digestive problem  
 Liver function problem  
 Gall bladder problem

Notes

Gastrointestinal History

**Gastrointestinal History**

Findings

Notes

## Genitourinary Assessment

Genitourinary

- Has signs of genitourinary issues     Normal urin output and color, no infections or burning

Findings

- Unable to empty bladder w/o difficulty/pain     Frequent     Renal failure  
 Bladder distended     Burning  
 Urgency     History of UTI

Notes

Genitourinary History

**Genitourinary History**

Findings

Notes

## Musculoskeletal Assessment

Findings

- Has signs of musculoskeletal issues     No numbness, reduction in strength, cramping, or stiffness in the joints
- Arthritis     Numbness  
 Osteoporosis     Swelling

Notes

Musculoskeletal History

**Musculoskeletal History**

Findings

Notes

## Neurological Assessment

Neurological  Has signs of neurological issues  Normal alertness, attention, and follows commands

Findings  Brain trauma  Stroke  Stupor  
 Epilepsy  Lethargy  
 Spinal cord injury  Obtundation

Notes

Neurological History

Neurological History	
Findings	Notes

## Endocrine Assessment

Endocrine System  Has signs of endocrine system issues  No palpitations, nervousness, fatigue, or insomnia

Findings  Diabetes  Thyroid disorder  Growth disorder

Notes

Endocrine History

Endocrine History	
Findings	Notes

## Pain Assessment

Pain  Has signs of pain issues  No history of pain issues and has no pain currently

Findings  History of pain  PRN medication relieves pain  Able to communicate pain verbally  
 Scheduled medication relieves pain  Herbal medication relieves pain

Primary Pain Location

Pain Intensity  1  2  3  4  5  6  7  8  9  10

Occurs

Secondary Pain Location

Intensity  1  2  3  4  5  6  7  8  9  10

Occurs

Additional Pain Location

Intensity  1  2  3  4  5  6  7  8  9  10

Occurs

Notes

Pain History

Pain History		
Findings	Primary Pain Location	Secondary Pain Location
Primary Pain Intensity		
Secondary Pain Intensity	Additional Pain Location	
Additional Pain Intensity		Notes

## Dementia Assessment

Dementia  Has signs of dementia issues  Normal memory, recognition, and planning ability

Findings  Difficulty recalling recent events  Trouble finding the right words to express thoughts  
 Not recognizing familiar people  Difficulty performing calculations

Notes

Dementia History

Dementia History	
Findings	Notes

## Psychiatric Assessment

Psychiatric  Has signs of psychiatric issues  No depression, personality disorders, anxiety disorders, or psychosis

Findings  Anxiety disorder  Major depression  Schizophrenia  
 Bipolar  Personality disorder  Psychotic disorder

Notes

Psychiatric History

Psychiatric History	
Findings	Notes

## Orientation Assessment

Orientation  Has signs of orientation issues  Never disoriented to people, place, time, situation

Findings  Oriented to person, place, time and situation  
 Oriented to person  
 Oriented to place  
 Oriented to time  
 Oriented to situation  
 Occasionally disoriented, but can function independently in familiar surroundings  
 Frequently disoriented, even in familiar surroundings/requires supervision  
 Always disoriented/requires constant supervision/extensive intervention

Notes

Orientation History

Orientation History	
Findings	Notes

## Memory Assessment

Memory  Has signs of memory issues  No difficulty remembering/using information

Findings  Poor Recent Memory  Confabulation  ADHD  
 Poor Remote Memory  ADD

Notes

Memory History

Memory History	
Findings	Notes

## Cognitive Assessment

Cognitive

Has signs of cognitive issues  No memory loss, personality changes, or need for reminders

Findings

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Slight memory loss   | <input type="checkbox"/> Needs some supervision  | <input type="checkbox"/> Severe memory loss        |
| <input type="checkbox"/> Occasional reminders | <input type="checkbox"/> Significant memory loss | <input type="checkbox"/> Autism                    |
| <input type="checkbox"/> Memory anxiety       | <input type="checkbox"/> Needs ADL assistance    | <input type="checkbox"/> Epilepsy/Seizure disorder |
| <input type="checkbox"/> Moderate memory loss | <input type="checkbox"/> Personality changes     | <input type="checkbox"/> Mental retardation        |
| <input type="checkbox"/> Frequent reminders   | <input type="checkbox"/> Constant supervision    | <input type="checkbox"/> Cerebral palsy            |

Notes

Cognitive History

### Cognitive History

Findings

Notes

## Judgment Assessment

Judgment

Has signs of judgment issues  Makes safe and appropriate decisions without supervision

Findings

- Judgment is occasionally poor
- May make inappropriate decisions in complex/unfamiliar situations
- Needs monitoring/guidance in decision-making
- Judgment is frequently poor
- Needs protection/supervision because of unsafe/inappropriate decisions
- Judgment is always poor
- Cannot make appropriate decisions for self
- Needs intense supervision

Notes

Judgment History

### Judgment History

Findings

Notes

## Hallucination Assessment

Hallucination

Has signs of hallucination issues    No visual, auditory, olfactory, or tactile hallucinations

Findings

- Occasionally has hallucinations that interfere with functioning
- Hallucinations currently well controlled, possibly with medication
- Frequently has hallucinations that interfere with functioning
- May need monitoring by behavioral health professional/may or may not need medication
- Currently has hallucinations that significantly impair ability for self care
- May require medication/routine monitoring by behavioral health professional

Notes

Hallucination History

Hallucination History	
Findings	Notes

## Delusion Assessment

Delusion

Has signs of delusion issues    No bizarre, mood-congruent, or guilt delusions

Findings

- Occasionally has delusions that interfere with functioning
- Delusions currently well controlled, possibly with medication
- Frequently has delusions that interfere with functioning
- May need monitoring by behavioral health professional/may or may not need medication
- Currently has delusions that significantly impair ability for self care
- May require medication/routine monitoring by behavioral health professional

Notes

Delusion History

Delusion History	
Findings	Notes



## Anxiety Assessment

Anxiety

Has signs of anxiety issues     Not tense, worried, on edge, or plagued by fear

Findings

- Occasionally has anxiety that interferes with functioning
- Anxiety currently well controlled, possibly with medication
- Frequently has anxiety that interferes with functioning
- May need monitoring by behavioral health professional/may or may not need medication
- Currently has anxiety that significantly impairs ability for self care
- May require medication/routine monitoring by behavioral health professional

Notes

Anxiety History

Anxiety History	
Findings	Notes

## Depression Assessment

Depression

Has signs of depression issues     No feelings of hopelessness, helplessness, or that life is not worth living

Findings

- Occasionally has depression that interferes with functioning
- Depression currently well controlled, possibly with medication
- Frequently has depression that interferes with functioning
- May need monitoring by behavioral health professional/may or may not need medication
- Currently has depression that significantly impairs ability for self care
- May require medication/routine monitoring by behavioral health professional

Notes

Depression History

Depression History	
Findings	Notes

## Mood Assessment

Mood  Has signs of mood issues  Stable mood, no mood swings, calm, and happy

Findings  Helpless  Fearful  Constricted  
 Tearful  Angry  Decreased Motivation  
 Hypervigilant  Belligerent  Hopeless  
 Flat  Apathetic  Sullen  
 Oppositional  Anxious  Resentful  
 Overwhelmed  Euphoric  Despondent

Notes

Mood History

Mood History	
Findings	Notes

## Sensory Assessment

Sensory  Has signs of sensory issues  Normal vision, hearing, touch, taste, and smell

Findings  Hearing loss within normal range  Hearing loss  Anosmia  
 Vision loss within normal range  Vision loss  Ageusia

Notes

Sensory History

Sensory History	
Findings	Notes

## Eye Assessment

Eye  Has signs of eye issues  Intact and clear with normal pupil reaction

Findings  Visual limitation  Cataract surgery  Macular degeneration  
 Cataracts  Glaucoma

Level of Assistance

Notes

Eye History

Eye History		
Findings	Notes	Level of Assistance

## Dental Assessment

Dental  Has signs of dental issues  Teeth are intact and in good condition

Findings  Dentures  Edentulous  Caries/Cavity

Level of Assistance

Notes

Dental History

Dental History			
Findings	Dentures	Level of Assistance	Minimal Assistance

## Oral Assessment

Oral

Has signs of oral issues  Teeth are intact and in good condition

Findings

Dentures  Edentulous  Caries/Cavity

Level of Assistance

Notes

Oral History

Oral History	
Findings	Level of Assistance
Notes	

## Mobility Assessment

Mobility

Has signs of mobility issues  Good range of motion and balance without any devices

History of Falls

Yes

Findings

Poor gait  Amputation  Decreased mobility  
 Decreased ROM  Wound  Orthopedic issues  
 Weakness  Paralysis  Prosthesis issues  
 Fracture  Poor balance

Level of Assistance

Devices

Cane  Crutches  Cushion  
 Walker  Guide dog  Ramp access  
 Hoyer lift  Hospital bed  Electric cart  
 Transfer board  Leg brace(s)  
 Wheelchair  Prosthesis

Notes

Mobility History

Mobility History	
History of Falls	No
Level of Assistance	Findings
Notes	Mobility Devices

## Ambulation Assessment

Ambulation

Has signs of ambulation issues     Proper gait and balance without any devices

Findings

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Poor gait     | <input type="checkbox"/> Amputation   | <input type="checkbox"/> Decreased mobility |
| <input type="checkbox"/> Decreased ROM | <input type="checkbox"/> Wound        | <input type="checkbox"/> Orthopedic issues  |
| <input type="checkbox"/> Weakness      | <input type="checkbox"/> Paralysis    | <input type="checkbox"/> Prosthesis issues  |
| <input type="checkbox"/> Fracture      | <input type="checkbox"/> Poor balance |   |

Level of Assistance

Devices

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Cane           | <input type="checkbox"/> Crutches     | <input type="checkbox"/> Cushion       |
| <input type="checkbox"/> Walker         | <input type="checkbox"/> Guide dog    | <input type="checkbox"/> Ramp access   |
| <input type="checkbox"/> Hoyer lift     | <input type="checkbox"/> Hospital bed | <input type="checkbox"/> Electric cart |
| <input type="checkbox"/> Transfer board | <input type="checkbox"/> Leg brace(s) |  |
| <input type="checkbox"/> Wheelchair     | <input type="checkbox"/> Prosthesis   |  |

Notes

Ambulation History

Ambulation History	
Findings	Level of Assistance
Devices	Notes

## Transferring Assessment

Transferring

Has signs of transferring issues     Can transfer from a supine to standing independently

Transfer types needed

- |  |  |
|--|--|
| <input type="checkbox"/> Supine to sitting   | <input type="checkbox"/> Standing to sitting |
| <input type="checkbox"/> Sitting to standing | <input type="checkbox"/> Sitting to supine   |

Level of Assistance

Notes

Transferring History

Transferring History	
Types	Level of Assistance
Notes	

## Wandering Assessment

Wandering  Has signs of wandering issues  Does not wander outside the facility/community and dose not require constant supervision

Findings  Wanders within residence/facility  
 May wander outside, but does not jeopardize health/safety  
 May wander outside, but health/safety may be jeopardized  
 Combative about returning  
 Require professional consultation and/or intervention  
 Wanders outside and leaves immediate area  
 Has consistent history of getting lost/being combative about returning  
 Requires constant supervision/behavioral program/professional consultation and intervention

Level of Assistance

Notes

Wandering History

Wandering History	
Findings	Level of Assistance
Notes	

## Fall Assessment

Fall  Has signs of fall issues  No history of fall and has good balance

Findings  History of falls  Physical weakness  Decreased vision  
 Balance problem  Decreased awareness

Notes

Fall History

Fall History	
Findings	Notes

## Self-Harm Assessment

Self-Harm  Has signs of self-harm issues  No self-mutilation or suicidal ideation/plans/gestures and dose not need constant supervision

Findings  Self-injurious (self-mutilation, suicidal ideation/plans/gestures), but can be redirected from behavior  
 Self-injurious and may require behavioral control/intervention/medication  
 Self-injurious and requires constant supervision/behavioral control/intervention and/or medication

Notes

Self-Harm History

Self-Harm History	
Findings	Notes

## Dietary Assessment

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Dietary

Has signs of dietary issues     Regular diet with no dietary limitations

Diet Type

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Reg w/ added nutrients | <input type="checkbox"/> Mechanically altered | <input type="checkbox"/> High-fiber |
| <input type="checkbox"/> ADA calorie-calc       | <input type="checkbox"/> Diabetic             | <input type="checkbox"/> Kosher     |
| <input type="checkbox"/> Liquid                 | <input type="checkbox"/> Low-sodium           | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Pureed                 | <input type="checkbox"/> Low-fat              |                                     |
| <input type="checkbox"/> Soft                   | <input type="checkbox"/> Low-cholesterol      |                                     |

Nutritional Risk

- Less than 2 meals/day
- Less than 2 servings of fruits & vegetables/day
- Less than 2 servings of milk & dairy/day
- More than 2 drinks beer, liquor or wine/day
- Tooth or mouth problem
- Run out of money for food
- Frequently eat alone
- More than 2 different prescribed or OTC drugs/day
- Gained or lost 10 pounds in the last 6 months w/out dieting
- Illness/condition that changes the kind and/or amount of food
- Not always physically able to shop, cook, feed self
- Difficulty swallowing

Notes

Food Allergies

Dietary Preferences

Food Dislikes

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Dietary History

Dietary History		
Diet Type	Nutritional Risk	
Notes	Food Allergies	
Dietary Preferences	Food Dislikes	

### Eating Assessment

Eating

Has signs of eating issues     Feeds self with no difficulties

Findings

- Usually good       Eats in dining room       G tube
- Usually poor       Eats in room       J tube
- Eats with assistance       NG tube       TPN

Level of Assistance

Notes

Eating History

Eating History		
Findings	Level of Assistance	
Notes		

### Weight Loss Assessment

Weight

Has signs of weight issues     Is normal and steady

Usual weight

*proper healthy weight for this resident*

Current Weight

Notes

Weight Loss History

Weight Loss History		
Usual Weight	Weight	
Notes		

## Grooming Assessment

Grooming  Has signs of grooming issues  Clean, attentive to ADL's, and appropriate

Findings  Unkempt, Dirty  Poor attention to ADL's  
 Disheveled  Bizarre, Atypical

Level of Assistance

Notes

Grooming History

Grooming History	
Findings	Level of Assistance
Notes	

## Dressing Assessment

Dressing  Has signs of dressing issues  Can dress self appropriately with out assistance

Level of Assistance

Notes

Dressing History

Dressing History		
Level of Assistance	Independent	Notes

## Assistive Devices Assessment

Assistive Device  Needed for daily activity  Not needed for day to day activity

Devices  Hearing aid  Walker  Wheel chair  
 Cane  Glasses  Crutches

Level of Assistance

Notes

Assistive Device History

Assistive Devices History	
Assistive Devices	Level of Assistance



## Prosthetic Assessment

Prosthetic Devices

Has prosthetic devices  None are present

Level of Assistance

Notes

Prosthetic History

Prosthetic History	
Level of Assistance	Notes

## Toileting Assessment

Toileting

Has signs of toileting issues  Can toilet self with no limitations

Level of Assistance

Devices

Bed pan  Grab bars  Incontinence pads  
 Urinal  Commode  Raised toilet seat

Notes

Toileting History

Toileting History		
Level of Assistance	Independent	Devices
Notes		

## Continenence Assessment

Continenence

Has signs of continence issues  No bowel or bladder incontinence

Findings

Bowel & bladder continent  Bladder continent only  
 Bowel continent only  Bowel & bladder incontinent

Level of Assistance

Notes

Continenence History

Continenence History	
Findings	Level of Assistance

## Bathing Assessment

Bathing

Has signs of bathing issues  Can bathe self with no assistance

Type

Tub bath  Shower  Sponge bath

Level of Assistance

Devices

Bath bench  Handheld shower  
 Grab bar/Tub rail  Hydraulic lift

Notes

Bathing History

Bathing History	
Type	Level of Assistance
Devices	Moderate Assistance
	Notes

## Smoking Assessment

Smoking

Has smoking issues  Does not smoke

Type

Cigarettes  Cigars  w/ lighter  
 Pipe  Snuff  w/ matches

History of unsafe use

No  Yes

Level of Assistance

Notes

Smoking History

Smoking History	
Type	Level of Assistance
Notes	

## Medication use/Self-medicate Assessment

Self-Medicate	<input checked="" type="radio"/> Has signs of self-medicate issues	<input type="radio"/> Can self medicate on time and properly determine medications from one another
Findings	<input type="checkbox"/> Can not determine need for medications <input type="checkbox"/> Can not identify number of medications <input type="checkbox"/> Can not distinguish tablet/capsule sizes <input type="checkbox"/> Can not distinguish tablet/capsule shapes <input type="checkbox"/> Can not distinguish tablet/capsule colors	
Notes	<div style="border: 1px solid #ccc; height: 40px;"></div>	
Medication use/Self-medicate History	<b>Self-Medicate History</b>	
	Findings	Notes

## Leisure Assessment

Leisure	<input checked="" type="radio"/> Has signs of leisure issues	<input type="radio"/> Does not need leisure assistance
Level of Assistance	<div style="border: 1px solid #ccc; padding: 2px;">[ ] ▼</div>	
Current Interests	<div style="border: 1px solid #ccc; height: 40px;"></div>	
Past Interests	<div style="border: 1px solid #ccc; height: 40px;"></div>	
Leisure History	<b>Leisure History</b>	
	Level of Assistance Past Interests	Current Interests

## Communication Assessment

Communication

Has signs of communication issues  Communicates effectively without any devices or assistance

Devices

- Corrective lenses  Lifeline  Elec communication device  
 Symbol book  Hearing aids  Picture book  
 Magnifying glass  Sign language interpreter  Teletypewriter  
 Foreign language interpreter  Literacy tutoring

Level of Assistance

Notes

Communication History

Communication History	
Devices	Level of Assistance
Notes	

## Housekeeping Assessment

Housekeeping

Assistance needed for this resident  Provided by self and does not need any additional assistance

Type

- Trash  Tidy  Tuck In  
 Vacuum  Dusting  
 Turndown  Bed Making

Level of Assistance

Notes

Housekeeping History

Housekeeping History		
Type	Level of Assistance	Moderate Assistance
Notes		

## Appointment Assessment

Appointment

Has signs of appointment scheduling issues  Can schedule own appointments without assistance

Level of Assistance

Notes

Appointment History

Appointment History	
Level of Assistance	Notes

## Assault Assessment

Assault

Has assault issues  Never assaults others

Findings

- Sometimes assaultive  
 Requires special tolerance/management, but not professional intervention  
 Frequently assaultive/may require professional consultation/behavioral program  
 Is assaultive/needs constant supervision/behavioral program/professional consultation/intervention

Notes

Assault History

Assault History	
Findings	Notes

## Substance Abuse Assessment

Abuse  Has signs of abuse issues  Never abuses drugs/alcohol

Findings  Infrequently abuses drugs/alcohol  
 Some interpersonal/health problems, but not significantly impair functioning  
 Sometimes abuses drugs/alcohol  
 Moderate problems with peers/family/law/etc. and may require intervention  
 Frequently abuses drugs/alcohol  
 Significant problems with others and severely impairs independent functioning

Level of Assistance

Notes

Abuse History **Abuse History**  
Findings Level of Assistance  
Notes

## Victimization Assessment

Victimization  Has signs of victimization issues  Able to avoid situations of abuse/neglect/exploitation

Findings  Not clearly aware of surroundings  
 Sometimes able to discern/avoid situations of abuse/neglect/exploitation  
 Frequently unable to discern/avoid situations of abuse/neglect/exploitation  
 Inability to discern/avoid abuse/neglect/exploitation  
 Requires constant supervision

Notes

Victimization History **Victimization History**  
Findings Notes

## Behavioral Assessment

Behavioral  Has signs of behavioral issues  Normal and appropriate

Findings  Awake/out-of-bed at night  Undressing inappropriately  Anxious/worried  
 Destroying belongings  Smearing/throwing feces  Hiding/hoarding  
 Eating non-edible items  Unwanted touching of others  Wandering outside  
 Resisting ADL assistance  Aggressive reaction to touch  Refusal to eat  
 Repetitive behavior/speech  Hallucinations/imaginings  Physically combative  
 Losing personal property  Restless/Despondent  Sleeping much of day  
 Rummaging through other apts  Unusual gait  Wandering in building  
 Verbally offensive/abusive  General inactivity  Suspicious/accusatory  
 Inappropriate sexual behavior  Sad/tearful  Eating others' food

Notes

Behavioral History **Behavioral History**  
Findings Notes

## Behavior Management Assessment

Behavior Management

Has need of behavior management  Never needs to be managed and has appropriate behavior

Findings

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Wandering/Searching      | <input type="checkbox"/> Movement repetitions   | <input type="checkbox"/> Verbal abuse    |
| <input type="checkbox"/> Anxious                  | <input type="checkbox"/> Scratching self/others | <input type="checkbox"/> Hitting/Kicking |
| <input type="checkbox"/> Wandering/Other's rooms  | <input type="checkbox"/> Screaming              | <input type="checkbox"/> Withdrawal      |
| <input type="checkbox"/> Tapping/waving hand/feet | <input type="checkbox"/> Spitting               | <input type="checkbox"/> Pacing          |
| <input type="checkbox"/> Undressing self          | <input type="checkbox"/> Crying                 |  |
| <input type="checkbox"/> Picking at skin/hair     | <input type="checkbox"/> Rummaging              |  |

Level of Assistance

Typical Misbehavior Times

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Random            | <input type="checkbox"/> Before a visit    | <input type="checkbox"/> Before meals |
| <input type="checkbox"/> AM                | <input type="checkbox"/> After a visit     | <input type="checkbox"/> After meals  |
| <input type="checkbox"/> PM                | <input type="checkbox"/> Before activities |                                       |
| <input type="checkbox"/> Near shift change | <input type="checkbox"/> After activities  |                                       |

Typical Misbehavior Location

Are Others at risk?

No  Yes

Misbehavior Triggers

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Physical discomfort | <input type="checkbox"/> Disease associated changes | <input type="checkbox"/> Pain             |
| <input type="checkbox"/> Boredom             | <input type="checkbox"/> Fear/Worry                 | <input type="checkbox"/> Miscommunication |
| <input type="checkbox"/> Mental confusion    | <input type="checkbox"/> Loneliness                 | <input type="checkbox"/> Thirst           |
| <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Specific individual        |   |
| <input type="checkbox"/> Hunger              | <input type="checkbox"/> Need toileting             |   |

Misbehavior Remedies

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> One-on-one attention | <input type="checkbox"/> Talking          | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Activity             | <input type="checkbox"/> Pain medication  | <input type="checkbox"/> Nap       |
| <input type="checkbox"/> Food                 | <input checked="" type="checkbox"/> Drink | <input type="checkbox"/> Walking   |

Notes

Behavior Management History

### Behavior Management History

Findings	Level of Assistance
Misbehavior Times	Misbehavior Location
Are others at risk	Triggers
Remedies	Notes

## Special Treatments Assessment

Special Treatments

Has need for special treatment  No special treatment issues

Notes

Special Treatments History

### Special Treatments History

Notes

To the best of my knowledge this resident meets the above admission criteria for the assisted living type 1.

only sign once assessment is completed

Completed Nursing Assessment

**Required**